

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## **Statement of Committee Organization**

1.	Statement Information		
	Date: 08/28/2017		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C10	& section cl	nanged 2,3,5
2.	Committee Information		
	Shumake for State Senate Committee		
	1101 Central Ave, Hannibal, MO 63401		(573)221-4339
		Marion County	
	Official Committee Email Address	County Clerk or Board of Election Commiss	
	Committee Type: 🗌 Campaign 🗏 Candidate 🗎 Continuing (PAC) 🗎 Debt Service 🗀 Exploratory 🗋 Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Lydia A Shumake	i leasurer s Email Address (optional)	
	1101 Central Ave, Hannibal, MO 63401	,573,221-3137	<sub>1</sub> 572 <sub>1</sub> 221-4339
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	n
	, , , , , , , , , , , , , , , , , , ,	1 \ \	1
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Lydia A Shumake, Campaign Manager	1101 Central Ave, Hannibal, MO 63401	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	dress, City, State, & Zip
	Connected Organization's halfre (if day)	Connected Organization's Malling Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	? ☐ Yes (refer to instructions on	back) 🔳 No
5.	Official Bank Account Information (required by all committees)		
	•		
			1
6.	Candidate Supported or Opposed (candidate committees must	<del></del>	
	Lindell F Shumake Name & Mailing Address, City, State & Zip of Candidate	(573)221-3137 Telephone Number (Candidate Committees	(573)248-6745
	08/07/2018  18th District State Senate	Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all committees)		
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.		
	rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Ludia a Shumaba	Lill Ahun	le/
	Completee Treasurer	Candidate (Candidate Committees Only)	